



**MISSOURI COMMUNITY ASSESSMENT AND PLANNING PROCESS (MOCAPP)  
INDIVIDUAL GOAL WORKSHEET – FORM L**

GENERAL CATEGORY TITLE		SUBCATEGORY TITLE	
GOAL		PRIORITY NUMBER	
<b>PERSON/ORGANIZATION RESPONSIBLE FOR GOAL IMPLEMENTATION</b>			
NAME		ADDRESS	
TELEPHONE	FAX		EMAIL ADDRESS
<b>STRATEGY(IES)</b>			
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<b>TIMELINE</b>			
ESTIMATED START DATE	ESTIMATED FINISH DATE		ESTIMATED DATE OF IMPLEMENTATION
<b>BUDGET IMPLICATIONS</b>			
ESTIMATED COST OF PROJECT			
POSSIBLE SOURCES OF FUNDING			
<b>EVALUATION</b>			
WHAT ARE THE POSSIBLE INTERVALS FOR EVALUATION?			
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<b>BENCHMARKS</b>			